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ORIGINAL ARTICLES.

IODINE.

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A NON-METALLIC element discovered by Courtois in the year 1812, in the mother liquor of the ashes of sea weed. It is always found in combination with an alkali.

Iodine is found in sea water, sea weed, many sea animals, sponges, the livers of codfish, in oysters, eggs, and in the thyroid glands of nearly all animals.

Baumann claims to have discovered an organic compound of Iodine occurring in the thyriod gland that contains as high as 9.3 per cent. of Iodine. (American Text Book of Physiology.)

DESCRIPTION.

In its purer form Iodine occurs in bluish-black, dry, friable, rhombic plates, having a metallic lustre, a pungent odor, and a sharp acrid taste. It is soluble in 5,000 to 7,000 parts of water, but freely soluble in ether, alcohol and in aqueous solution of the iodides. The test for Iodine is starch, to which it imparts a blue color, and so sensitive is the test as to detect the presence of Iodine in about 450,000 times its weight of water.

PREPARATIONS.

Some idea of the importance of Iodine may be obtained from the number of substances with which it is combined to be administered as a remedial agent.

The crude drug and the tincture should never be administered internally. The tincture containing 7 per cent. in alcohol may be used in small doses when well diluted with water and taken immediately after meals.

Lugol's solution, comp. tincture, has of Iodine, 5 parts; Potassium iodide, 10 parts, with water to make 100 parts. Dose, 1 to 10 min, dilute. Potassium iodide, Strontium iodide and Sodium iodide may each be administered in doses ranging from v to xxx grs., in solution. Hydriodic acid, formed by the chemical reaction of Iodine and Phosphorus in water, is usually administered in the form of a syrup containing one per cent. of the absolute acid. Dose, v to xv, min. The Iodide of iron is also usually administered in the form of a syrup. Dose, xv to xxx, min.

Other preparations in common use are the Iodides of Mercury, Arsenic, Lime, Starch, Bismuth, Ammonia, Iodoform (formal iodide), cod liver oil, the tincture from burned sponge and extracts from thyroid glands. Purer cod liver oil contains about one and one-third minims of the third decimal dilution of Iodine to the drachm, which without doubt accounts to some extent for the past reputation of that remedy in the treatment of tuberculosis.

ADMINISTRATION.

In order to obtain the full therapeutic value of Iodine all potencies even to material doses of the drug administered over long periods of time may be required. (Tissue remedy.)

PHYSIOLOGICAL AND TOXIC EFFECTS.

Iodine is taken up by the leucocytes by which it is conveyed to the thyroids and para-thyroids of which it is a normal constituent, and excess over the needs of these glands is either stored up in the system in combination with proteid or eliminated at the expense of the vital energy.

Sajous apparently proves that Iodine is an irritant from first to last, and as such its entire action depends upon its power to produce vaso-constriction. He says: "This abnormal vaso-constriction is the direct factor in the production of iodism, and may give rise to four classes of phenomena. (1) Passive engorgement or congestion of all capillaries; (2) œdema, when the engorgement becomes excessive; (3) ecchymoses and hæmorrhage when the walls of the capillaries are ruptured, and (4) arrest of function and nutrition when the vaso-constriction is so great as to reduce or arrest the flow of blood to the tissues. The group of morbid phenomena due to capillary engorgement includes, in the respiratory tract, coryza, antral and frontal pain, pharyngitis, tonsillitis, cough, hoarseness, tracheo-bronchitis and pulmonary congestion; in the nervous system headache, insomnia, delirium, neuralgia, neuritis and pleurodynia; in the muscular system myalgia, tremor, twitching and spasms (the spinal centers being also hyperæmic); in the organs of special sense, conjunctivitis, dacryocystitis, tinnitus aurium, deafness, perversions of taste; in the digestive system gastric irritation, vomiting and diarrhœa; in the skin pruri-

tis, erythema and dermatitis; in the urinary system polyuria, albuminuria and nephritis; in the glandular system salivation, parotitis and hepatitis with icterus. Less frequently seen are the œdematous infiltrations, œdema of the larynx, palate, pleura and lungs, and of the lids, lips, neck and even the entire surface. Rupture of the capillaries under the stress of blood pressure is denoted by more or less extensive ecchymosis sometimes involving large areas, epistaxis, hæmoptysis, hæmaturia, menorrhagia and hæmorrhagic purpura." Sajous quoting E. Cyon states: "That it is a grave error to consider Iodine as a vaso-depressor." He says: "The prevailing view that Iodine and its preparations lower blood pressure is due to the deplorable habit (deplorable in the sense that it has contributed greatly to obscure our knowledge of the action of all drugs) to which experimenters have fallen, of taking as standard the poisonous effects of a remedy for its therapeutic action."

Thus we see that the dominant school are coming to recognize the vast difference between the toxic effects and the therapeutic action of a drug. Hahnemann in the introduction to the Organon says: "It is known to Homœopathy that cures result only from the counteraction of the vital force against some medicine chosen according to correct principles, and that curative effects are speedy and certain in proportion to the energy of the vital force of the patient. . . . Such a remedy is administered in simple form at long intervals, and in a dose so fine as to be just sufficient, without causing pain or debility, to obliterate the natural disease through the *reaction* of the vital energy." Thus we see that over 100 years ago Hahnemann clearly recognized the vast difference between the toxic effects and the therapeutic action of a remedy.

Depending upon the dose, method of administration and condition of the system, Iodine resembles very much Arsenic in its action, in that it produces three distinct types of poisoning. (1) In material doses and concentrated form it causes a violent gastro-enteritis with a metallic taste, increased flow of saliva, soreness of the gums and throat, œdema of the glottis, gastric colic, vomiting and purging. The stools are copious, watery, foamy, at times mucous and bloody even to hæmorrhage. The urine is suppressed, the pulse becomes weak and rapid, the face pale and death is usually caused by the intense gastric inflammation.

(2) The dose somewhat smaller, the drug dilute, either with water or the contents of the stomach, may be absorbed. The gastro-intestinal tract may not be so profoundly affected, the force of the drug being exerted upon the nerve centers. The subject becomes melancholy, fearful of going crazy, afraid of people, excitable, with frontal headache. The special senses of feeling, hearing and seeing are impaired, there are muscular twitching with neuralgic pains associated with prostration and sweating.

(3) Chronic poisoning known as iodism or the iodic cachexia. It is this condition that shows the profound and far reaching effects of the drug. Usually the first symptoms manifest are coryza and profuse discharge from the mucous membrane of the upper respiratory tract, then follow ptyalism, and an acne form eruption generally starting over the shoulder blades. There soon follows progressive and rapid emaciation of the face, whch becomes sunken, sallow and has a distressed look. Rapid emaciation of the body may take place even while the subject has a ravenous appetite. There is soreness of the mouth, nose and throat. The eyes smart, the eyeballs seem to protrude, the vision becomes dim. There is glandular irritation and enlargement (the thyroid has been seen to enlarge), cardiac palpitation is common. Aphonia, pain in the chest and pulmonary congestion ensue. There may be a dry hacking cough, or a yellowish or yellowish-green expectoration. When the congestion is severe there may be pulmonary hæmorrhage with great prostration and night sweats. Upon the skin there may develop a multiform inflammation. Acne, ulcers, pustules, etc. The mammary glands waste. There is uterine and ovarian irritation and induration and uterine hæmorrhage. In the male there is wasting of the testes. Sexual desire may be increased early but lost in the latter stages. Early the urine may be increased, but toward the last it is diminished and albuminous. There is great prostration, fever, restlessness, thirst, circumscribed red cheeks, night swsats, and, in fact, all the symptoms of incipient or rapidly advancing tuberculosis.

Sajous believes that all these phenomena may be accounted for on the basis of vaso-constriction. He claims that as the capillaries have no muscular coats they are compelled to dilate as the drug stimulates the muscular fibres in the coats of the arteries and arterioles to contract. He also claims that it is by virtue of the stimulation and contraction of the coronary arteries that the cardiac phenomena are produced. If this be true, Iodine may prove beneficial in the treatment of cardiac dilatation when administered in moderate therapeutic doses, and while there may not be the danger of producing the cardiac paralysis and dilatation that has been claimed by some observers in the past, there is still great danger of weakening the heart through starvation of its muscle. While we believe the investigations of Sajous to be correct as far as they apply to the circulation, we are still favorable to the views advanced by Richard Hughes in his Pharmacodynamics. He says, referring to Iodine: "I believe its sphere of action to be the great absorbent system, especially the lactiles; but its action is depressant rather than stimulant. Given a slug-

gish taking up of the chyle, and an insufficient elaboration of their contents, by the mesenteric glands, and we have at once a most important channel of nutrition choked up and rendered useless."

The fatty ailments being those which the lactiles chiefly select, the emaciation becomes more rapidly apparent than if it had been the albuminous element that had been cut off. Again the presence of oil is essential to the assimilation of albumen, and if the fatty elements be insufficiently supplied the albumen remaining unassimilated in the blood, will be deposited in the body as tubercles. If, as he says, this theory be true, it may account for tuberculosis occurring in iodinized persons in whom no previous tendency thereto existed. At the present time we see no valid reason why the conclusions of each of these investigators may not be correct. All authorities agree that Iodine both increases the amount of waste matter in the svetem, and the elimination of waste material, but the enlargement and induration of the lymphatic and mesenteric glands is evidence of their inability to handle the amount of waste produced.

PRINCIPAL CENTERS OF ACTION.

(1) The great vegetative system, including the lactiles and lymphatics, together with all the important glandular structures of the body.

(2) The respiratory organs, especially the mucous membrane of the nose, throat, trachea, larger bronchi, and at times its influence extends to the point of irritation and congestion, even to hæmorrhage of the lungs, the upper portion of the right lung being most profoundly affected.

(3) The circulatory system, including the heart, arteries and blood.

(4) The skin and mucous membrane of the gastro-intestinal tract.

(5) The nervous system.

The leading indications for Iodine are:

(1) Rapid and progressive emaciation while the patient has a good or even ravenous appetite (malnutrition).

(2) Tendency to enlargement and induration of the lymphatics.

(3) Pulmonary congestion, especially of the apex of the right lung, with restlessness, fever, loss of weight and strength with spitting of blood, night sweats and aggravation in the afternoon and evening and from exercise.

(4) Goitre, especially the large soft variety. (Prof. Koch, Berne.)

(5) Wasting of the mammary glands, ovarian irritation and induration and uterine hæmorrhage in the female, and swelling and induration of the testicles in the male.

MODALITIES.

Iodine conditions are usually made worse by exercise and in the latter part of the day.

Amelioration usually comes from cold, rest and eating.

Let us now fix clearly in mind the Iodine type of patient. (1) The vast majority of these patients come to you during the period of growth and development. Your impression upon sight is that there is an underlying, deep-seated, scrofulous or tubercular diathesis, and the family history which you must never fail to get, will usually prove your impressions correct. Sluggishness, torpidity, autointoxication, malnutrition and general wasting are stamped upon the features of the case. The lymphatics are enlarged and indurated. They do not pain or tend to take on suppuration. The patient suffers from frequent attacks of catarrh of the upper air passages, he takes cold easily, is always sneezing, the mucous membrane may be dry and thickened or there may be a copious watery or mucopurulent discharge.

The patient's appetite is good but he or she is growing thin, sallow, looks old, is restless and anxious about, he knows not what, and he is so weak he can't stand any exertion. He suffers from a slight hacking cough, his heart's action is easily excited, the least exertion causes palpitation, præcordial anxiety, oppression, and at times sharp pain in the heart. The eyes have a dirty yellow color, the lids may be œdematous, suggesting the possibility of kidney complications. You will probably find the abdomen enlarged, and in small children you may easily make out enlargement and induration of the mesenteric glands. The liver will usually show more or less enlargement, and the patient will either suffer from diarrhœa, the stools being watery, foamy, whitish mucus, or there will be alternate diarrhœa and constipation. This patient frequently becomes hoarse, or, if a child, suffers from croup. Difficult inspiration is a prominent indication for Iodine. While this patient may not be tubercular, you must be on your guard as the way is well paved for tubercular infection, and if it once takes place you will have difficulty in controlling it. The (2) type of patient calling for Iodine will be in middle or past middle life; there is a nervous, melancholy, anxious, irritable mental condition. He tries to keep still but is overwhelmed with impulses, he thinks of suicide, murder or of doing some violence. There is something about this patient that suggests to you the presence of a latent syphilitic condition. He suffers from vertigo, confusion of the head, throbbing headache, or the sensation of a band about the head. There is soreness of the mouth and gums, at times aphthous ulcers and bleeding and an offensive odor from the mouth. The ulceration may extend into the throat with swelling of the glands of the neck. He has a dirty yellow, clammy, moist skin, with acne form of eruption, and he suffers from profuse night sweats. All his discharges are excoriating. If a female she suffers from an acrid, excoriating

leucorrhœa, worse at the time of her menses. She suffers from uterine hæmorrhage, worse after stool. There is swelling and induration of the uterus and wasting of the mammary glands. Very frequently we find associated with these conditions the large soft goitre, the type especially calling for Iodine. The vitalized Iodine in the form of Spongia, the tincture from the burned sponge, will here often prove of more value. I have also found Spongia of more value in the treatment of acute catarrhal conditions of the larynx and trachea with a hoarse, croupy, dry, barking cough. The great importance of Iodine is admitted by all authorities when we consider that in its combinations with potash, lime, soda, iron, phosphorus, starch, strontium and even with mercury and arsenic all agree that the Iodine element predominates, the other substances being considered as adjuncts. The iodides of mercury find their special sphere of usefulness in the treatment of inflammations of the throat and salivary glands. The Biniodide has gained the reputation of being the better remedy in the treatment of diphtheria and parenchymatous inflammation of the tonsils, especially when the trouble affects the left side or begins upon the left and extends to the right, the Protoiodide having a greater affinity for the right side. In the treatment of throat affections it is well to remember that Lachesis and the Biniodide of mercury affect the left side, while Lycopodium and the protoiodide affect the right. I wish to drop just one suggestion that will prove helpful in differentiating Arsenicum iodide from Iodine and the iodide of lime. The more the case points toward tuberculosis the more is the Iodide of arsenic indicated, Iodine and the iodide of lime holding a closer relation to scrofulosis, rachitis, psora and latent syphilis. Previous to the introduction of Salvarsan and Neosalvarsan the Iodides of mercury and potash constituted our main remedies in the treatment of syphilis in its various manifestations, and I still note that our most careful men, writing in recent journals, advocate the use of these remedies at intervals over a period of two or three years in order to secure the best results.

With what remedies may we now compare Iodine.

(1) Abrotanum, Artemesia, or the Southern wood. The vegetative system is profoundly affected, but the use of the remedy is confined almost exclusively to the treatment of children, marasmus, wasting, malnutrition and emaciation, though there is a ravenous appetite. Face wrinkled as if old. The skin is flabby and loose and the patient often suffers from boils or comedones.

Child's neck so weak it can hardly hold its head up.

Rheumatic condition developing as the result of a suppressed diarrhœa, especially if in this condition there is threatened metastasis to the heart.

Arsenic is also a remedy to be compared with Iodine, but when we speak of Arsenic we think of cholera and Camphor, and if we add to Camphor and Arsenic Veratrum album, we have a trio that carried the homœopathic physician through the most severe scourges of Asiatic cholera. In the year 1836, when cholera visited Vienna the second time Dr. Flieshmann, the physician to an institution where Homœopathy was employed, was ordered by the government to prepare the institution for the reception of cholera patients. He did so on the condition that Homœopathy be employed in their treatment. The hospital was under direct daily inspection of the Government. Seven hundred and thirty-two cases were treated of which 488 recovered, while 244 died, a mortality of one-third, while the mortality in the same epidemic at the same place under other treatment was two out of three. The result of this treatment was made known to the home minister. Shortly after the Emperor issued a decree granting every duly qualified physician the right to practice Homœopathy. If Homœopathy will lead us to Camphor, Veratrum album and Arsenic for cholera; to Mercury, Mezereum, Iodide of potash, Phytolacca and Nitric acid for syphilis; to Bryonia, Baptisia, Gelsemium, Rhus toxicodendron, Arsenicum, and Mercury for typhoid fever; to the various forms of Mercury, to Phytolacca, Lachesis, Carbolic acid, and Apis mellifica in the treatment of diphtheria with results that surpass any other system of therapeutics, why should we hesitate to trust it in less dangerous affections?

Our failures we can trace to two sources.

(1) Failure to properly interpret the phenomena of disease.

(2) Lack of knowledge of the weapons within our hands. Arsenic like Iodine presents three types of poisoning, according to the quantity taken, the mode of administration, the condition of the system and period of time consumed.

(1) Sudden, acute, profound effect, with all things favorable.

(2) The common type of poisoning as found in the ordinary suicide.

(3) Poisoning by inhalation or chronic poisoning.

There is hardly any remedy that seems to strike at the very citadel of life like Arsenic. Its action is hæmolytic, producing disorganism of the blood, profound prostration, going on to utter destruction of tissue. Instead of cell reproduction, we get cell disintegration. Most characteristic among the symptoms are great restlessness and anxiety. Burning pains in internal organs, ulcers and skin, profound prostration, thirst for small quantities of water at short intervals, and midnight aggravation.

From the homœopathic standpoint it is very

interesting to know that at least in one case of poisoning by Arsenic examined by the great pathologist Virchow, it was impossible for him to distinguish between it and cholera, finding as he did the bowels filled with the rice water substance so characteristic of cholera, also finding epithelial flakes and the fungus described by Klebs as peculiar to, and even the cause of, cholera (Wood).

You will think of Arsenic in connection with malignant and profoundly prostrating diseases, also as a remedy for the aged. Many an old man who is tall, slender, wrinkled, emaciated, filled with nicotine and who suffers from œdema of the lower extremities and palpitation of the heart upon exertion, especially going up stairs or up a hill, will be greatly improved by Arsenic.

Aggravations.—At night, especially midnight and after, from cold damp air, eating and drinking cold things, going up stairs and lying with the head low.

Ameliorations.—During the day, wrapping up warm, warm air and from warm drinks.

I believe that the one thing that will impress you and help you to differentiate Arsenic from Iodine is the fact that the Arsenic condition is usually acquired, as the result of the introduction of some toxic agent into the system, while the Iodine patient is suffering from an inherited constitutional condition.

Baryta carbonica.—The vegetative system; children mentally deficient, approaching idiocy; glands of the neck and throat; takes cold easily; prematurely old, senile, dementia; arterial degeneration, apoplexy; fatty tumors and warts; left-sided in action.

Natrum muriaticum (Carr in his work upon Pediatrics).—Almighty. Pictures mother brings babe; girl during early menstrual period; melancholy; consolation aggravates; memory weak, general condition weak, eyes, nose, mouth, tongue, throat, stomach, bowels, urine, menses and leucorrhœa. Middle life. Chronic complicated malaria; chill 10 A. M.; extreme throbbing headache, flushed face, delirium, great thirst for cold during chill, severe congestion and high temperature.

Studies of Anaphylaxis.—Albumin precipitants, such as $HgCl_2$ tannin and phosphomolybdic acid, when injected intravenously into guinea pigs, produced effects closely resembling anaphylactic shock. Animals prepared with two kinds of serum and reinjected in sublethal dose with one of the latter failed to manifest antianaphylactic behavior toward the other serum; the degree of hypersensitiveness for the second serum was, however, decreased. The peptone content of the nutrient substrate was not found to be of essential importance in the appearance of toxicity of guinea pig serum in the Friedberger anaphylatoxin experiment.—*H. S. Paine.*

HOMŒOPATHY AS APPLIED TO SURGERY.*

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THE fundamental requisite of a medical prescription should be, the world-old demand, that it lead to a practical end. That end, logically, is the cure of the sick in the easiest, quickest and most permanent way. Where a cure is impossible, the remedy should operate as an euthrasia. The laboratory findings of our day verify the ancient truth, that the development of any disease requires an underlying susceptibility having for its basic factor lowered resistance. It is with this depressed vitalism as a factor in the development of disease that we as Homœopathists are chiefly interested. In seeking the indicated remedy we are pre-eminently concerned with symptomatology while not forgetting pathology.

It is helpful, therefore, to have our daily work vivified by living experiences. I am addressing myself largely to the younger members of the profession, whose successful future will be wholly in keeping with their intellectual perspective.

Thirty-two years in the arduous practice of applied Homœopathy has fixed indelibly in *my* mind the amazing value of the homœopathic law. The skillful interpreation of that law becomes more efficient and reliable every day it is utilized. The whole process of drug cure is the bringing about of a necessary reaction towards health and the maintenance thereafter of a normal balance in bodily function. It is difficult to see how normal function can exist indefinitely without pathological restoration, if we are diagnostically able to know it. Many troubles there are for which treatment is sought, having various factors contributory thereto, and equally requiring various means for relief. Concerning this complex of medical treatment I am not now concerned. As a mode of practice, homœopathic therapeutics is replete and abundantly resourceful, where complete health is possible and palliative proportionately, where the complete cure is unattainable. The question of the extremely attenuated dose has never very earnestly engaged my attention, and I find myself still a low potency prescriber, while *yielding to no man* in my belief in the all-round value of homœopathic remedies. I am deeply sorry for that man whose opportunities as a homœopathic physician have led him into the shallows, to take the indefinite, unteachable, relentless practice of polypharmacy or "shot-gun" prescribing. I admit that in the rush of the busy day of which I have had many, that the temptation is strong thereto, but if yielded, drifts the prescriber towards skepticism, leading to an

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atrophy in prescribing. If each prescription is carefully thought out—chosen if need be by repertorial study—a chain of events is created from which a deduction of perfect or imperfect results may be recorded. The whole art of prescribing is that of comparative materia medica research. Therefore, every Homœopath, apart from general applied medical knowledge, becomes a research man to the written page of the drug provers and the clinical application of that knowledge. The catholicity of the homœopathic principle embraces the whole sphere of therapeutics. It is no narrow creed but a broad law, definite, yet comprehensive.

The fact that our materia medica is insufficient to cure all ills is a cause for regret, *but not for discouragement or criticism.* We are glad that Hahnemann blazed the way for our work and proved the law capable of large range. It should be borne in mind that Homœopathy is not a mere method of easy cure of the sick, requiring simply the comprehension of certain keynotes and the repetition of certain doses. Being at once a science and an art, it calls for accurate and logical reasoning and analysis; it necessitates intelligent discernment and a correct application of its principles; above all it demands that a clear similarity must be measured between the drug's picture and the clinical picture, to reflect the greatness of the art, because the *most similar* is the real healer in Homœopathy.

The true case analysis rests in the accurate note taking of symptoms. This can be done easily, if need be, while the patient is telling the symptoms and added to from the answers to your questions. I want to caution, however, against asking questions to be answered "Yes" or "No." The patient keenly appreciates this detailed care, and it serves as a basis for intelligent queries at another time, while avoiding much repetition. It becomes valuable by way of comparison at other consultations. It offers material for your materia medica study before the patient returns for further advice. This kind of work, as one of choice, will make every doctor know his case with its related remedies and is eminently helpful in the future conduct of the case. It is only touching the fringe of our real work when the diagnosis and the general treatment has been defined and we rest our case. Rather it should open to view such information as will be of substantial help in another and similar case. We shall, therefore, do the better work at another time. Does the patient not deserve your best? Are you giving your best in any other way short of this pains-taking method? This detailed work will bring credit to Homœopathy and stands for personal growth and accomplishment. Aim to get patients accustomed to your note taking for accurate statements, while reserving judgment as to selection of proper time and place for such. I find the more advanced of old school men are now taking careful notes. This, I observe, is especially true among the specialists, and Homœopathy is, in essence, a specialty. Consider, if you please, how valuable these records of success and failure become as years go on. The earlier it is begun in a young physician's career, the richer will be the harvest. It makes plain not only the similimum, but opens up an opportunity for recording the remedy which may properly follow another, according to the concordance of remedies. It is a very great thing to know what remedy logically can be looked upon to follow a given drug. Growth in the art of prescribing will be acquired only by the use of *one remedy at a time.* It is necessary always to allow sufficient time for a remedy to act. My experience leads me to believe that in acute cases forty-eight hours at the longest should bring some result. In chronic cases one or two weeks should be ample time to exhibit a favorable change. I have repeatedly seen the action of a chosen remedy after six doses repeated at ten minute intervals.

The personal equation in the doctor is a minor matter in the art of prescribing. To him who loves his work, the details of study in any case afford the necessary enthusiasm for its execution. His knowledge of the materia medica and the application of that knowledge in comparative study of drug selection embodies the main features of the art. It means to know the genius of a drug, thereby its sphere and range of curative value.

This power of healing is possible in proportion to our accuracy of analysis in the symptomatology of disease, and the corresponding synthetical choice of the indicated remedy.

Let me now give a few illustrations of applied Homœopathy in my every day work at Hahnemann Hospital. It should be rememerbed in prescribing that any remedy may be called for on indication. I shall select from surgical cases, because our remedies are so often discredited as unnecessary for surgical work.

Abrotanum 3x.—After operation upon the chest for hydrothorax or empyæmia, a pressing sensation remains aggravated by motion and breathing.

Æs. Hip. 1x.—After Arnica in cases of "slipped sacrum" where dull aching pains exist in lumbosacral region or at the sacro-iliac synchrondroses extremely aggravated by stooping forward and walking. Ameliorated by lying down. Locomotion difficult because of local pains and weakness. Compare Tellurium.

Augusturia Vera 6x.—Painful caries of metacarpal bones. Swelling, tearing pain and sinus discharging pus and bone.

Antimonium Crud. 3x.—Tender feet, corns on soles. Compare with tender feet so often seen with shop girls where Squills gives much relief.

Baryta Mur. 1x did much in a case of aortic

aneurism associated with severe palpitation, heaviness and painful præcordia.

Bovista 3x.—Painful œdematous swelling about malleoli remaining long after sprain or fracture at ankle. Numbness and stitching pain may be associated.

Calcarea Phos. 6.—After operation on the chest where aching in chest remains, soreness to touch and occasional stitches persist, worse by deep breathing.

Cajeputum 3x.—Hiccough after abdominal operation. Very valuable. Preferably administered on a half cube of sugar.

Causticum 6x.—Urinary retention when dribbling is accompanied by ineffectual efforts at expulsion, after pelvic operations.

Chelidonium 3x.—Œsophageal spasm with a swollen and contracted sensation in throat, bitter taste and loose yellow stools.

Carboneum Sulph. 3x.—Following resection of descending colon for carcinoma with later renewed development, requiring jejunostomy with the following symptoms: Attacks of cutting and cramping pain in abdomen, especially about the navel, associated with rumbling, rolling in distended abdomen followed by diarrhœa, yellow, offensive dejection with sensation of retraction at navel. Carbonium gave great relief during several such attacks, requiring no other help save hot saline fomentations.

Carbo Veg. 6x.—After abdominal operations, when an intestino-abdominal fistula follows; where much flatulence, full to bursting, is present, pains worse in hypogastrium, or in left side of abdomen. The least food aggravates the pain, which is relieved by passing gas upward or downward; abdomen feels heavy. Much difficulty in having any stool.

Dioscorea 2x.—In post-operative bowel obstruction (incomplete) where constant twisting bowel pains existed, often changing place, occasional sharp cutting, radiating pains, which were relieved by heat and by lying on the left side, a flatulent spasm. I have frequently relieved pain in the ileocœcal region with this remedy. The passing of flatus frequently fails to give complete relief, where Dios. is indicated.

Dolichos 1x.—To relieve a general pruritus associated with jaundice and white stools; no eruption being present beyond that caused by the trauma of scratching. In three cases of carcinoma of the liver it has afforded striking relief.

Elaps 10x.—In two cases of cancer of the bladder it has been the euthanasis. My attention was called to the passing of thick black blood with pus, crampy pain in the pubic region and much straining. Cachexia was present. The diagnosis of cancer was confirmed by cystoscopy and post mortem examination.

Hypericum 3x.—After operations on the hands or on the bones of the feet for bunion; fracture of coccyx; lacerations of soft parts; where nerve tissue has been grossly crushed or punctured. The tissues are very sore, out of proportion apparently to reason. Pains excruciating, whether it be following concussion of spine, fall on head or the after suffering from a suppurative process.

Ipecac 3.—In several cases of retention of urine and hæmorrhage from an enormous prostate, accompanying and following instrumentation where Nux vom., Terebinth, Copav., Erigeron had failed. Great amount of bleeding coexisted with cutting pain in urethra; severe urging to urinate but unsuccessful. In one case the gentleman was aged; mentally irascible, wrapped in thought; never speaking unless spoken to. Ipecac promptly controlled *all* symptoms .

Iris 2x.—In post-operative nausea; vomiting of sweetish fluid causing burning of throat and in stomach. Coexisting there is usually frontal headache and the tongue feels as if scaled. Pain in right iliac fossa in sudden attacks.

Lachesis 8x.—A powder every three hours. Itching of lower extremities without eruption, after removal of an enormous spleen, aggravated at night. Slightest scratching causes burning but relieved by hot water bottle placed between legs. Intolerance of any pressure about waist line, and marked aggravation after bathing. Lachesis is of infinite value in septic states where its characteristics are present. Sulphur relieved the case for a time, but the final help came from Lachesis. This remedy is of great value in thrombo-phlebitis where rapid extension is associated with light fever and great pain.

Merc. Corr. 6x.—Repeated every two hours. Post-operative urinary complication, coexisting with pelvic infection, whether gonorrhœal, B. colic or strepto origin; where symptoms of frequent micturition with burning during and tenesmus following voiding urine. Still more appropriate if infected stitch holes are present or purulent vaginal discharges are still passing.

Mezereum 2x.—Acted happily in case of cystitis in a woman afterwards found due to calculi. Symptoms were: Pain cutting on urinating, violent tenesmus recti with prolapsus recti following urination. Great sensitiveness to external or internal vaginal touch. Great irritability. Hæmaturia.

Natrum Sulph. 3x.—In solutions, repeated hourly until improved. In post-operative temperature (remote from operation), in septic pelvic cases where diarrhœa coexists. Stools of yellow fluid or part liquid, usually painless. Several small stools a day, especially in the forenoon. A general aggravation on a damp day. I have seen a temperature remitting in the morning to 99.2°, and rising in the afternoon to 104°, recurring daily for several weeks, be reduced to normal in a few days after beginning its use, where no recognized pathology developed to ex-

plain it and no other symptoms existed to guide in the choice of the remedy.

Phosphorus 6x.—Nausea and vomiting after anæsthetics. Water is vomited in ten to twenty minutes after taking.

Phos. Acid 3x.—Did wonders in a case of abdomino-intestinal, intestino-vaginal and intestino-vesical (urinary) fistula, consequent from multiple streptococcus infection and the operative procedures necessary. All these conditions coexisted. The life hung on a single thread. Dressings by irrigation and compresses of aqueous calendula were being applied every three hours, night and day. The abdomen was distended, rumbling and gargling with painless stools. I was especially led to the remedy by the profuse night sweats and the patient worse from uncovering. Great pallor was present and extreme weakness. The patient was made slightly better by Carbo veg. Improvement under Phos. ac. began within twenty-four hours of its use. In four weeks' time the case had completely recovered, and in six weeks had gained thirty pounds—a well woman to-day.

Prunus Spinosa θ.—After instrumentation with infection, cutting cystitis develops. Tenesmus and burning pain, urine seems to pass to glans and then recedes, urethral spasm.

Ruta 2x.—After fracture about the ankle or wrist, where long remaining stiffness and some pain exists. Soreness and burning in the bones of the feet, aggravated when at rest.

Rhod. 1x.—In solution. In left-sided orchitis, great swelling, intensely sensitive to touch. Tearing jains from left testicle into left hip and thigh. Frequent urging to urinate and painful sore sensation between genitals and thigh, worse from motion and causing weakness after slightest exertion. This remedy relieved in twelve hours and cured him in five days after Puls. failed. The swelling and tenderness disappeared most rapidly. It served to increase the urethral discharge as improvement became marked. Thuja completed the cure of urethritis.

Secale 3x.—In three-drop doses on base of tongue, repeated half hourly. In those desperate cases of infected peritoneum, following the removal of a gangrenous appendix. When about the fifth to seventh day a diarrhœa exists, perhaps following even the judicious use of a colic flush. Stools are watery, offensive, discharged rapidly or involuntary, often painless, exhausting, associated with restlessness, hiccough, tympany, rumbling, nausea and desire to throw off covering. In twelve hours' time the picture has changed from despair to hope and final recovery. Gastric lavage will assist this remedy in turning the angle toward recovery. It should also be remembered in the hiccough of the dying from malignant disease within the abdomen.

Sulphur θ.—It is wonderful to note the results of absorption from Sulphur tincture in certain cases of hydrothorax, where it resists other medicines. You have the hot flushes, sticking pain on breathing.

Tellurium 6x.—The backache accompanying rotary scoliosis or remote after spinal injuries. Vertebræ are sensitive to pressure aggravated by respiratory effort. Pain in sacrum passing into either sciatic nerve with the special aggravation from sneezing or coughing.

Thuja 6x.—Obviated the requirement for operation in case of ascending pyelonephritis with several severe chills occurring at different hours lasting an hour. The chill always begun in the left leg, then spread to spine to become general, followed by fever to 104° with sweat only on covered parts. After giving Thuja only one chill, and that modified occurred, followed soon by passing of urine having 14 per cent. of pus. Rapid recovery followed. In two weeks' time very offensive ammoniacal urine with slight burning during the flow required Benzoic acid 3x to complete the cure.

CONCLUSION.

Sufficient evidence of the unstinted value of homœopathic remedies is here given and will be forthcoming to any surgeon willing to sacrifice time and energy in the search.

Our work is not complete without adding to surgical detail the materia medica resources near at hand. Not only do they make more comfortable the patient's convalescence but in certain cases become absolutely necessary to the ultimate recovery. It often occurs that after our best surgery the patient is still sick and demands care. It is just this indifference during post-operative convalescence that has driven many patients to so-called "Christian Scientists."

The results derived from careful symptom taking and case prescribing and the consequent oft repeated successes lead directly to confidence in the art which we practice.

We may almost approach a certainty of prediction as to the result. It may invite a degree of dogmatic assertion and rightly so. This attitude becomes pardonable only through ample successful clinical experiences. This is an untenable position for a theorist to assume on the basis of a belief. When, however, the results of daily verifications, founded upon years of well grounded comparative materia medica knowledge are back of it, a positive assertion is justifiable.

It occurs to me that a grave mistake is made by homœopathic physicians in receiving the plaudits of their patients as a tribute to their personal skill, rather than acknowledging it to be a reflection, chiefly of the great truth of Homœopathy. This law has been a great gift to mankind, the operation of which has made possible your healing power and mine. I concede it but natural to accept this personal tribute, however in so doing we do not advance the cause. How much wiser it would be to throw the laurels

at the feet of Hahnemann and land a strong claim for Homœopathy. Give the patient then and there a few thoughts concerning the beneficent influence of Homœopathy on this sick world, also his duty and opportunity to spread it. Success is the standard by which the world measures value. Therefore, if success be observed by your patient, rivet his attention on it as well as his obligation and his opportunity for its promulgation.

The laity should first be made appreciative, then you could *not* keep the homœopathic school in the background. The truth is in the foreground, the doctor has not performed the healing, rather his discernment of the correct remedy, through the application of the law which Hahnemann elaborated, has made the cure possible. It is, therefore, the truth in Homœopathy which he knows and practically applies to the human ills that reacts and cures. The power is in the truth of the law itself; the human agency alone makes application of the well tested principles. This definitely distinguishes Homœopathy from all other modes of curing the sick.

A STUDY IN REPERTORY WORK.

BY RUSSELL C. MARKHAM, M. D., MARQUETTE, MICH.

I HAVE many repertories, but only one that covers practically all of our homœopathic materia medica. No homœopathic library is complete without Kent. But Kent won't work itself. One must use it until it is very familiar to the user. Gradually it will become a daily companion, one that our patients will be glad to see us use, knowing our work will be worth the money they will willingly pay for honest work; and once knowing that honest work may be had, they will reluctantly give up good dollars for *guesses*.

We have been having up in this part of the world for some weeks a trouble that has been variously named; but "winter cholera" is as good as any of them. It has been ascribed to both the water and the air. All our reports show the water to be fine, so the air is held responsible by most of us.

One case does not present all the symptoms here reported, but out of a large number of cases these symptoms may be taken as fairly representative.

A study of these symptoms as a whole by the use of the repertory will serve to illustrate how the repertory may be used intelligently and scientifically.

I will report the case in the language of the materia medica in order to make the study as simple as possible.

SYMPTOMS.

1. Depression (35); imagines he is going to die (44) or be very ill.

2. Mist before the eyes (283); then fleeting pains, worse at occipital protuberances (166); better when lying down in a quiet dark place, and from sleep (1631).

3. Headache alternating with diarrhœa (609).

4. Ulceration of cornea (273).

5. Total loss of taste (431), could not tell sweet from sour.

6. Everything tastes sour (430).

7. Sore throat right to left (466). Soreness extends to ears.

8. Goitre (474).

9. Regurgitation of food, sour (498).

10. Tongue shows teeth prints (410); conjunctiva yellow (274).

11. Jaundice with gall-stones, clayey stools (655); pain from region of stomach toward region of gall-bladder (590, 591, liver, hypochondria), with excessive nausea (506).

12. Pain in transverse colon 3 A. M.; followed by diarrhœa at 4 A. M. (609).

13. Stools frequent, painless (613), watery, fetid discharges, gushing out; yellow colored with meal-like sediment; morning (603), during dentition (610), prolapsus ani (629).

14. Stools natural but too frequent during the day (635), and exhausting (1320).

15. Sharply defined pain in sacro-ischiadic foramen (1044, hip).

16. Cramps in calves, thighs and feet, with painless watery stools (958-9-10). (Patient came in this afternoon with these symtpoms.)

After a case is well taken in writing it should be gone over carefully and arranged in repertory language. Then it should be gone over with a view of discovering some peculiar or characteristic symptom.

Morning diarrhœa has been the peculiar characterizing symptom running to practically all our cases. Any remedy to be indicated must have this symptom.

While there are a large number of remedies that have morning diarrhœa, there are, however, only a few that stand out boldly with this symptom. These remedies we find by referring to the repertory are: Bov., Bry., Kali bi., Mag. c., Nat. s., Phos., Podo., Rumex, Sul.

The remedy running to this case will probably be one of these remedies.

Add to morning diarrhœa painless diarrhœa, which is certainly peculiar, and let us see if all these remedies have painless stools. Here is the list: Bry., kali bi., mag. c., nat, sul., Phos., Podo., Rumex., Sulph.

The remedies are all here, but only three stand out in bold type, Phos., Podo., Sulph.

Our remedy probably lies among these three, though not necessarily.

I had one patient report to-day who said her bowels moved every morning at four o'clock, hardly varying from that hour, which was not a very pleasant time to be disturbed.

Let us see what remedies have this hour that are common to those we already have in our list. Out of the list we have only Phos., low, and Podo., in bold faced type.

Let us now turn to symptom 10: "Tongue shows teeth prints," another peculiar symptom.

Phos. here drops out and we have only Podo. left.

We now turn to our materia medica, Hering's Guiding Symptoms is a good one, and there find that Podophyllum covers the case. A few powders, as a rule, cure the cases, pleasantly, promptly, safely. Occasionally a case may need one or more of the other remedies that have entered into this list, but not as a rule.

The figures in the parentheses refer to the page in Kent where the rubric covering that feature of the case may be found. I find it advantageous to go over the case and make these page notings first. That, however, is a matter of choice, and has nothing to do with the working of the case.

Here is another case worked out a little differently. This case is not a book case in any sense but from actual experience.

CASE.

"Two years ago I had colitis and have never been well since. Weighed then 140 pounds, and now about 100.

"When the bowels are checked I am then constipated.

"In two or three weeks another attack of diarrhœa follows; and this has gone on and on until I have decided to change doctors and try Homœopathy this time.

"The diarrhœa is nearly painless or quite so; often bloody; frothy just like yeast; mucus and early in the morning, frequently at sharp 4 A. M.

"I have an empty, hungry gone sensation at any time in the day very soon after eating. Eating for the time relieves this sensation. My last doctor advised that I drink plenty of whiskey for it. Everything I eat tastes sour and leaves a sour taste all the time. I crave salt food.

"I am very wakeful, going night after night with little or no sleep until I am compelled to take something to put me to sleep, I am so utterly exhausted."

Arranging our symptoms in repertory language, numbering them and giving the page in Kent where the rubric may be found, we have the following:

1. Desire for salt things (488).
2. Taste sour (430).
3. Constipation (605).
4. Diarrhœa (608).
5. Diarrhœa painless (613).
6. Diarrhœa frothy (635).
7. Diarrhœa mucus (636).
8. Diarrhœa bloody (633).
9. Morning agg. (608).
10. Loss of sleep agg. (1217).
11. Sensation of emptiness (489).
12. Eating amel. (1319).
13. Diarrhœa 4 A. M. (609).
14. Diarrhœa alternating with constipation (605).

Sulph. was the remedy chosen at the first time of seeing the patient before running through the repertory. She reported at the office much better.

She probably will need Phos. and possibly Podo. before she is well.

Why is this woman sick for two years and getting no better? Because no one up to now has found the cause of her trouble.

This woman should have been refracted when she was a child. Each eye requires a minus two lens combined with a plus one and a half cylinder. She thought she had normal vision, so she said, and was blind as a bat. Here was plenty of cause for all her trouble, including a life-long insomnia.

Without proper glasses no treatment will effect a cure. With the cause removed the remedies chosen offer a splendid prospect of health.

As one becomes familiar with repertory work he does not find it necessary to run very many cases through, and those he does he can limit to a few remedies, as a rule, and this can be quickly done. For two years this patient has been driven out of bed with diarrhœa, often painless. She says 4 A. M. has been the time, but on more closely questioning her I find she has guessed the time by listening for the street cars going by the house. She may have been wrong about it being just four o'clock. But she was not wrong about being urged out before time to get up.

So the remedy that must cover and cure this case will be found on page 608, Kent.

We will look for it in the rubric "Diarrhœa, morning, driven out of bed."

If we were not familiar with using the repertory we might need to compare all the remedies in this rubric to determine which ones are likely to be needed to cure the case, if the case is a curable one.

We will take but three remedies for tabulation, however, Sulph., Podo., Phos. They will illustrate and answer our purpose.

Sulph...1-2-3-3-3-3-3-2-3-3-3-3-0-2. Total 34.
Podo...0-1-2-3-3-3-2-2-3-0-3-0-3-3. Total 28.
Phos...3-3-3-3-3-0-3-3-3-3-3-2-1-2. Total 35.

Sulph. has all the symptoms but the 4 A. M. agg., and that hour is uncertain.

Phos. has all the symptoms but frothy diarrhœa.

Podo. has all but three.

Following the Kent markings we have them as above given.

Sulph., Podo. and Phos. will probably be the only remedies needed in the management and cure of this case.

Later: This patient now regards herself as well, having had no bowel trouble for a long

time. Sulphur was her chief remedy. She had one dose of Phos. and a few of Pod. She had but few doses of any. The potencies used were Sulph. 81m, Pod. 1m, Phos. 1m.

GLANDULAR THERAPEUTICS.

BY WM. E. LEONARD, M. D., MINNEAPOLIS, MINN.

THIS brief paper will not speak of the larger glands of the body, those with excretory ducts, of the physiologic functions of which we are reasonably well informed, but rather of the ductless glands, and especially the thyroid and lymphatic, for the latter are simply enlarged lymphatic vessels without ducts.

Some day there may be a more definite knowledge of the pineal, pituitary and adrenal glands; indeed, the present experimental use of their extracts, while pushed rather too enthusiastically by the pharmacists, will lead indirectly to a clearer definition of their functions in the body.

A reasonable dosage of these extracts can do no harm and may do good in a physiological way not yet fully understood.

All this exploitation of the ductless glands as mysterious checks and governors to certain functions has a sound basis of fact, and is not all based on the commercialism of the manufacturing druggists and physiological chemists. Sajous has demonstrated this by animal experiment and some clinical results.

As to the thyroid glands and the causes of its affections, it will be interesting to note some conclusions (U. S. Public Health Reports, April 17, 1914) "Endemic Goitre," by Major Robert McCarrison, of the Indian Medical Service.

"1. The cause of endemic goitre is not yet determined.

"2. The extensive prevalence of goitre in rural communities, where families are widely separated and have separate water supplies, tends to preclude the possibility of the affection being due to a water-born, living, organic excitant.

"3. The enormously greater prevalence of goitrous endemicity in regions underlaid by carboniferous devonian, and silurian strata can certainly bear some relation to the water supplies, which should carry in solution (or do not, as the case may be) the same or similar chemical substances.

"4. The observations of Howell on the prevalence of endemic goitre, in an arid region of New South Wales, in which the sole water supply is impounded rain water gathered in cisterns, point to the probability of the affection being due to a deficiency of certain necessary chemical substances.

"5. The experiments of Marine and Lenhart, by which goitrous fish were cured by the addition of iodine in the form of Lugol's solution to their water supply, indicate that the affection may be due to a lack of iodine in the drinking water, or in vegetables grown on the soil of goitrous districts. In fact, the administration of iodine, either locally or internally, is a recognized method of treatment of the affection in man. Many recoveries are reported as due to this treatment."

Of course, some find a probable bacterial infection through "the intestinal tract." Acute throat inflammation, acute rheumatism, etc., often precede goitre; there is undoubted relation between the thyroid gland and the reproductive organs, as shown by congestive enlargement in menstruation and pregnancy.

Dr. Robert Earl, of St. Paul, in a paper before the Ramsey County Medical Society, November 10, 1914, says:

"It is possible the thyroid enlarges in pregnancy in order to supply the fœtus which does not contain iodine in its thyroid. The atrophy of the thyroid in old age may be the result of the decline of the sexual life. The thyroid arteries are said to become sclerosed relatively early. During the menopause many of the symptoms are those of alternating hyper- and hypo-activity of the thyroid. Thyroid enlargement is frequent during sexual development of puberty when we have the goitre of adolescence."

These related symptoms and possible causation of this hyper-active state of the thyroid known as goitre are introductions to what seems to me the most promising medical help for such cases, No. 3, the thyroid extract. The cases most amenable to medical treatment are the soft goitre, generally of young people.

We may dismiss the surgical cases under the following list—the best I've seen—by Earl:

"Operation is indicated when beginning malignancy is suspected, for the relief of the symptoms of exophthalmic goitre, for the relief of non-exophthalmic toxic symptoms, in simple colloid goitres which have resisted treatment, in encapsulated adenomata for the purpose of preventing future degeneration with the absorption of toxic secretions, for the relief of pressure symptoms and at times for cosmetic reasons."

Iodine, best found in our Spongia, used to be my chief reliance, but I now believe the thyroid extracts to be better and find them really efficient. The use of these extracts, to check over-activities along the varying fields I've outlined above, may not be Homœopathy strictly applied. If one chooses to call it organopathy, it then has the prestige of Rademacher, Burnett, Swan and others. It is not "the hair of the dog that bit you," but the saliva of the dog that bit you, *i. e.*, the product that causes the physiological changes in minute doses.

Armour claims to supply all thyroid extract materials both in America and England. Be that as it may, his extracts are good. According to the age, I use ½, 1, 2 or 3 grains, twice or three

times a day and reduce the interval and dosage as the case improves.

Occasionally the stomach is disturbed at first by loss of appetite and distress after eating. Stop the remedy or increase the interval for a day or two, but persist for weeks, taking measurements as accurately as possible every ten to fifteen days.

In my limited experience of recent years, soft goitres have been immediately lessened and most of them have been permanently reduced to a negligible state.

Earl, to refer finally to his excellent paper, does not mention this use of the extract. Yet one would expect it, after this bit of clinical wisdom in diagnosis:

"If a patient has symptoms simulating hyperthyroidism and the thyroid apparently is not enlarged, there might be doubt if the symptoms are due to hypersecretion of the gland. In such a condition the administration of a three-grain thyroid tablet once a day for five days will clear up the diagnosis. If the patient has increased thyriod secretions every symptom will be greatly intensified. If these symptoms are not intensified the patient is not beginning an exophthalmic goitre."

Briefly, as to lymph nodes or glands. I'm inclined to doubt the pathology that calls all these tuberculous, unless it be proven, as is claimed, that 3/5 of the race have that tendency or taint.

You have all seen these glands enlarge from acute colds, more often in infants and children than in adults, and subside as quickly under medication.

I cannot understand the surgery that would dig out these clogged reservoirs in every and all instances, before they show any signs of degeneration.

In my work I've had little trouble in reducing them, within a brief period by Calcium carbonica, Calcium jodatum or Baryta jodatum in the lower triturations, and do not find them, as a rule, recurring after such medication.

401 Donaldson Building.

THE PRECIPITATION OF BACTERIAL PROTEIN BY CONCENTRATED SALT SOLUTION AND ITS RELATION TO THE BACTERIOLOGICAL DIAGNOSIS OF CHOLERA.—There is a comparatively close but not an absolute parallelism between the phenomena of agglutination and pptn. by conc. $MgSO_4$ solution of bacterial suspension as regards cholera and cholera-like vibrios. There is a marked difference in the capacity for salting out of the proteins of these two, suspensions of cholera-like vibrios offering a much greater opposition to pptn. by conc. $MgSO_4$ solns. than those of the true cholera vibrios. Those strains of cholera-like vibrios which salt out easily are not agglutinated by a cholera serum.—*C. J. West.*

"THE TWILIGHT SLEEP."

FINLEY ELLINGWOOD, M. D., EDITOR OF ELLINGWOOD'S THERAPEUTIST, 32 N. STATE STREET, CHICAGO.

To the Editor of THE MEDICAL CENTURY.

I was interested in reading the suggestion made on page 69 of our journal, quoted from Dr. A. E. Hinsdale, on the action of Caulophyllum during the last months of pregnancy, to assist nature in child-birth, comparing it with the twilight sleep. The pregnant state and its complications has been a most interesting study to me for nearly thirty years, and through this long period, and with observation on many hundreds of patients, I am positively convinced that the disorders of the pregnant term, not excepting any of the common disorders, are amenable to treatment, or can be prevented.

If so prevented the patient comes to labor in a perfectly normal condition and the character of the confinement, under such circumstances, is so widely different from that which occurs if the patient suffers from one or more persistent maladies, during the term, that it is a matter of surprise to every patient who prepares herself for normal labor.

Furthermore, I believe that the size of the child can be readily controlled, by the care of the patient, and diet, in such a way that the labor need not be necessarily difficult from that cause. Again, I believe that we have remedies that control muscular and nervous irritability first, and others, including Caulophyllum, that regulate the normal functions of the uterus and its organs, so that when labor comes about a large proportion of the muscular contraction can take place *absolutely without pain*, or without influence upon the general condition of the patient.

I have had so many patients go through a short labor without pain, with cheerfulness of mind, and even in high spirits, which would continue during the period of expulsion, and for hours afterwards with absolutely no shock from the labor, that there is no use disputing with me that this cannot be done. I have proven it hundreds of times and that is sufficient to do away with any possible lack of faith I might have in the measure, if I should care to doubt.

Just now one of a large number of cases has ended in a confinement, which lasted two and one-fourth hours; the child weighed six pounds and fourteen ounces. The last previous labor of this patient lasted five days, with four physicians, two and one-half hours of complete anæsthesia and instrumental work and many weeks getting up, the child weighing eleven and one-half pounds.

I was rash enough to promise this patient that if she would follow my plan that I would stake my reputation on her having a labor of less than three hours and giving birth to a child that

weighed less than seven pounds and that she should get up without complications.

This patient was not one of those that naturally have an easy time. She was one of seven girls in a family, in which all the sisters who had given birth to children, and that included all but one, with their mother also before them, had had exceedingly painful and protracted labors with almost every possible complication, and the surprise at the absence of these complications at the perfect getting of this patient, and especially in the fact that the child was even smaller than promised and in a most perfectly normal condition, was a source of astonishment to the entire number.

Hoping that the readers of this journal may be interested I will state important conditions and some simple suggestions concerning this treatment. The first, nausea, depends upon too many other causes to give the details in full in so short an article. The condition of the os uteri, the position of the womb, the general condition of the stomach of the patient, and especially the condition of the bowels, must all be attended to. But I use one little combination more often than any other, avoiding acid diet. That combination is equal parts of Bismuth subnitrate, ingluvin, and if there be acidity, Sodium bicarb. Forty-five grains of the mixture in half a glass of water is stirred thoroughly and taken a teaspoonful before and after eating and between meals, if the nausea continues or immediately on awakening in the morning. In fact, almost *ad libitum* if the nausea continues.

There are two remedies that are essentially important: the first, for muscular irritation; the second, for nervous irritation. Not enough attention is paid to muscular irritation, but Macrotys in small doses will relieve this and can be relied upon and Gelsemium will relieve a wider field. If there is increased blood pressure, and from this cause a trace of albumin in the urine, don't wait a moment for uremia and the consequent difficulties it includes, but relieve the condition at once by combining these two remedies equally, a dram of the mixture in four ounces of water, and giving a teaspoonful every one, two, or three hours, as needed.

If the toxicity is actually present, and the blood pressure is accompanied with an increased heart action with large, full pulse, I would give Veratrum in sufficient dosage until the blood pressure is reduced to nearly normal and the pulse from seventy to eighty beats. Then continue the first two remedies without the Veratrum, or give one or two drops a day, as may be needed.

During the course of the pregnancy, at various times, there is that characteristic train of symtoms mentioned by all good homœopathists as demanding Pulsatilla. The use of this remedy is never better shown than in relieving these conditions in pregnancy. During the last three months of pregnancy I would give Caulophyllum, Macrotys and Mitchella repens, one or all, according to the indications, in small doses every day, up to the end of the confinement. If the patient had previous severe labors, or, like my patient above referred to, if she had come from a family in which there seemed to be a tendency toward severity, it is surprising what can be accomplished with these remedies, and no one will believe it until he has thoroughly tried them.

I would like to impress the statement made above concerning the use of Gelsemium and Macrotys in preventing kidney complications and uremia upon the mind of every reader. So confident am I of the action of these remedies that I instruct my patients if they have the least backache to take one or two hours each day in which to lie down quietly, and keep a hot rubber water bag on the back over the kidneys and persist in the use of these remedies. If the toxemia is actually evidenced by extreme headache I give ten drops of Echinacea also every two hours. I have not yet used this course in any case with failure.

I can just say in a few words, as to the adaptation of food: patients whose tendency is to give birth to large children, or who are large eaters themselves, should be cut down very low on the proteids, and so kept. If the specific gravity of the urine is high and persistent, coffee should be excluded also. In fact, if the case is in any way an extreme one in this particular, I would advise subsisting on fruit largely, and excluding meat entirely.

This is by no means an arbitrary rule for all patients, as many must have meat or their own strength will be exhausted. These are the more feeble kind, especially those who give up their phosphates to the child and suffer themselves from threatened disease of the bones, toothache or spinal irritation and tenderness. But this is a full study in itself, though not at all difficult. I believe in the use of baths very properly prescribed and in the use of oil with some patients and proper attention to the bowels.

I will close this desultory article by impressing upon the readers two essential facts. The first is, that he must positively impress upon his own mind the fact that every pregnant woman is readily influenced by the measures that he might suggest for conditions present at that time. In other words, he must impress himself with the fact that he can prevent the complications of pregnancy in such a manner as to not only influence his patient during the pregnant term, but to bring about a labor that will be so simple and so natural as to win the enthusiastic praise of his patient, and that when the method is thoroughly understood it can be done in *every case* where there is no natural deformity or malposition.

Secondly, I want to impress upon his mind the fact that the hardest thing he will have to do is

to so educate his patient—so establish in her mind a faith in the fact that he will accomplish what he sets out to accomplish, that she will use every effort in her power to carry out the instructions and bring about the desired end.

I would be glad to furnish information to any of the readers of this journal, if they desire, concerning these measures.

Twilight sleep and all of its modifications are only different forms of anesthesia. It will probably be difficult to convince any of the readers who have not previously thought on this subject that careful attention and a thorough understanding of the method that I hereto refer enables by far the larger per cent. of the patients to pass through the first stage of labor with no pain, the only pain experienced being in the expulsive stage, which will not average three hours, and during which there may not be a dozen hard pains. The expulsive effort is just as great, is always sufficient, and seldom demands any assistance, but it is, in large part, painless. These patients very seldom even require a whiff of Chloroform, and in only rare cases will take enough of any anesthetic to render them unconscious.

Such a method can certainly be only superior to every method of anesthesia. It tends only to normality. It leaves a patient in a normal condition afterwards, with the same condition for the infant, and these are points that will appear to every reader as most rational indeed.

BOOK REVIEWS.

Diseases of Infants and Children. By Henry Dwight Chapin, A. M., M. D., and G. R. Pisek, M. D., Sc. D. Third revised edition. One volume of 596 pages, octavo, illustrated by 179 cuts and 12 colored plates. Muslin, $3.25, net. William Wood & Company, Publishers, New York.

"Chapin and Pisek" has been the most successful of the moderate-sized books on Pediatrics, and believing that this success was largely due to the handy size of the book, the present, third edition, has been printed upon thinner paper, bound in thinner boards, and so arranged generally as to make a more compact volume. Also the price has been materially reduced.

On the other hand, no expense has been spared in making new illustrations, including an additional colored plate, specially imported for the book, which now has twelve colored plates, extra fine paper, good printing and binding.

The book is thoroughly up-to-date in all respects, complete, yet condensed and eminently practical.

Orthopedic Surgery. By Edward H. Bradford, M. D., and Robert W. Lovett, M. D. Fifth edition. One volume of 416 pages, octavo, illustrated by 369 cuts. Muslin, $3.75, net. William Wood & Company, Publishers, New York.

The book has been thoroughly revised and brought up-to-date, and should retain its popularity as the best condensed treatise on this topic in the English language. It omits all theoretical and controversial matter, and gives, in nearly every instance, the one operative procedure which the authors have found best.

Text-Book of Nervous Diseases for the Use of Students and Practitioners of Medicine. By Charles L. Dana, A. M., M. D., LL. D. Eighth edition. One volume of 642 pages, octavo, illustrated by 262 cuts and four plates in black and colors. Muslin, $4.25, net. William Wood & Company, Publishers, New York.

Eight editions during twenty-three years' time are alone some evidence of a book's value. We think an examination of this latest edition will show that it is the best of them all. It has been somewhat condensed, chiefly by the omission of the Anatomy of the Nervous System, now found in all text-books of Anatomy, and of the section on Mental Diseases. The ripe experience and exceptional judgment of the author should give to this book a weight of authority not to be despised.

Physiological Chemistry, Text-Book and Manual for Students. By Albert P. Mathews, Ph. D., Professor of Physiological Chemistry, University of Chicago. One volume of 1042 pages, octavo, illustrated by cuts, tables and diagrams. Muslin, $4.25, net. William Wood & Company, Publishers, New York.

Professor Mathews' reputation is probably sufficient to guarantee the value of his book. It is most complete in scope, and is practical in method. In addition to this, the style is so easy that the book reads like a novel, and holds the interest in a most unusual way.

Action on the Genitals of Tissue Extracts of the Placenta and Female Sexual Organs. —The placenta, amniotic membrane and ovary (with corpus luteum) were found to contain substances which, on subcutaneous and intraperitoneal injection in rabbits and guinea pigs, caused growth of the mammæ and nipples, enlargement of the uterus, manifestations of rut and pregnancy in the vagina and parenchymatous nephritis; lacteal secretion was not observed. The substance passed into the NaCl ext. and was sol. in alc. Et2o and Me2CO; it was probably a lipoid. Placenta exts. produced powerful contractions of long duration in the excised surviving guinea pig uterus.—*H. S. Paine.*

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THE ANNUAL GRIST OF A. M. A. MENDACITY.

THE Educational Report of the American Medical Association is before us again. And again it is the same old story of misrepresentation and wilful falsification that has been pursued by this Association for years in regard to our homœopathic colleges. It has ever been the policy of the Medical Trust to belittle all institutions that do not bend the knee to it. It distorts everything that would tend to show prosperity of our school.

Note the slurs cast at the Ohio State University Homœopathic School, and the Hahnemann Medical College of the Pacific. Note the absence of any comment whatever that the graduates of Homœopathic Colleges in 1915 exceeded in number those of 1914 by 41.

Let us compare for a moment the statements made in this report with the real facts of the case, first, as to number of students in Homœopathic Colleges:

	Report of A. M. A.	*Actual facts.*
1910	867	940
1911	890	913
1912	827	936
1913	850	906
1914	794	941
1915	736	824

Next as to the number of Graduates from Homœopathic Colleges:

	A. M. A. Report.	*Actual facts.*
1910	183	201
1911	152	155
1912	185	187
1913	209	208
1914	154	155
1915	155	196

In every instance save one the figures given out by the A. M. A. show a fewer number than the actual records give. In one instance the number of graduates was given as one more than really received the diploma.

None of our institutions report to the A. M. A. and, as past events have shown, even if they did, it would be the policy of that association to falsify the returns.

The Report of 1915 is erroneous in over half of the figures given out. They have discounted our actual numbers by 88 students, misstated the number of our graduates and arbitrarily classified our colleges. Thus after the Secretary of the Council of the A. M. A. had used all the means in his power to prevent the establishment of a homœopathic school in the University of Ohio and failed, he gives it another stab "like Damned Casca in the back" and classifies the school as C, though the Allopathic Ohio State School, under the management of the same authorities, is classified as A.

If the A. M. A. desires to classify its own Schools, even if it classifies a third rate college as A, because of a "pull," as it has done, it is no affair of the Homœopathic School of Medicine, but that association should be given to understand in unmistakable terms that it has no right whatever to interfere in the educational matters, colleges, hospitals, and dispensaries of the Homœopathic School of Medicine and if we do not protest against such usurpation of our rights then indeed are we "dead ones."

If our members on State Boards were not lacking in backbone they would see to it that the reports on our institutions made by the A. M. A. were summarily thrown out.

If the members of our profession were not lacking in spinal calcarea they would see to it that our members on State Boards were not members of the A. M. A. and in *every instance treasonable to the interest of the Homœopathic Schools.* No man can serve the interests of the Homœopathic profession on a State Board and be a member of the A. M. A. It is time we called the roll of our representatives on State Boards.

SOME NEW WORDS IN ALLOPATHY.

THAT sneers and jibes have been cast at Homœopathy because of our dilutions and especially at our high dilutions. These have always excited the risibles of the antique

medical school. But listen to this from the last Bulletin of the New York State Board of Health, issued by physicians of the dominant school:—

"By the aid of *high dilution* Widal tests (italics ours) performed at the Department Laboratory, it is hoped to discover typhoid bacillus carriers who may be present in the ranks of this group of food handlers (cooks and waiters)."

Long years ago one Samuel Hahnemann called attention to the fact that a high dilution of Belladonna acted as a preservation against scarlet fever, and over fifty years ago it was proved that a high dilution of Variolinum was quite as efficacious as a prophylactic of small-pox as scratching into the skin some sterilized vaccine, *sterilized Virus* forsooth, may be a scientifi term but to us it it a pretty good definition of a poisonous substance gone to seed.

Keep on, gentlemen, you will be recommending Swan's m.m. and c.m. potencies yet.

NEWS ITEMS.

MASSACHUSETTS.

The program of the fourth series of "Free Public Health Talks" to be given at the Evans Department of Clinical Research and Preventive Medicine during the coming season has just been issued.

Fully ten thousand people have attended these "Talks" during the past four years, and the benefit to the community of such knowledge as has in this way been disseminated is incalculable.

The course this year promises to be exceptionally interesting and instructive, not only to the laity, but to the medical profession as well, for among the speakers will be many well known as authorities upon the subjects of which they will treat.

The fact that this service, given from the busy lives of these women, is purely gratuitous is a striking illustration of the altruism of those having to do with matters of health.

MICHIGAN.

The program of the Detroit Practitioners' Society for 1915-1916 has been published and the work of the season already commenced. At the November meeting Drs. Knight and Crumrine will present surgical papers. At the meeting, December 16th, Drs. Wendt and Diebel will present medical papers. The Detroit Homœopathic Practitioners' Society is a live society and the work of the coming winter will be of high grade.

PENNSYLVANIA.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting, at Hahnemann College, Thursday evening, October 14, 1915, at 8:30 o'clock. The scientific program consisted of the following:

"Pneumonia," Dr. Walter Sands Mills, New York City.

"The Superiority of Homœopathic Therapeutics in the Treatment of Pneumonia," Dr. Daniel E. F. Coleman, New York City.

The papers read at this meeting were ably presented and heartily discussed by a large number of members in attendance, indicating an interest which it is hoped and believed will continue throughout the year.

J. M. KENWORTHY, M. D., *Secretary.*

The Society of Surgery, Gynecology and Obstetrics held its regular monthly meeting, at Hahnemann College, on Wednesday evening, October 27, 1915, at 8:30 o'clock. Papers of interest, which were read and discussed, were as follows:

"Treatment of Puerperal Infections," Norman S. Bets, M. D.

"Seminal Colliculitis," Harry Hyzer, M. D.

"Social Service in Relation to Obstetrical Dispensaries," C. V. Clemmer, M. D.

The meeting was largely attended and a thoroughly enjoyable time was had by those present.

J. M. KENWORTHY, M. D., *Secretary.*

The Homœopathic Medical Society of Chester County held its fall meeting and annual banquet at the Turk's Head Hotel, West Chester, Pa., on Thursday, September 30, 1915. The banquet was one of the largest ever held and was attended by a number of visiting physicians and friends of the society. The scientific program, which was presented at the meeting of the society, showed that interest was not lacking among its members, as the papers were ably presented and heartily discussed. A most enjoyable time was had by those present and much credit is due to Dr. H. C. Williams, Dr. Morris Hughes and Dr. Joseph Oscar Dicks, the committee in charge.

The Women's Homœopathic Medical Association, of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. H. Ellen Walker, Sharon, Pa., on Thursday, October 7, 1915, at 11 A. M. The topics which were ably and interestingly discussed were as follows:

"Acute Diseases of the Throat in Children."

"Earache."

"Medical Treatment of Enlarged Tonsils."

The meeting was well attended and keen interest was shown by those present.

ANNA D. VARNER, M. D., *Secretary.*

PERSONALS.

Dr. Ellen Woodward Howell announces her removal, October 1st, to The Coronada, 2201 Chestnut Street, Philadelphia. Office hours, 1-3 P. M. Morning and evening hours by appointment only. 'Phone, Locust 853.